

**APPLICATION TO THE NEIGHBORHOOD IMPROVEMENT DEVELOPMENT CORPORATION:
HOME REHABILITATION LOAN PROGRAM**

MAIL APPLICATION TO:

NIDC

P. O. Box 511730

Milwaukee, WI 53203-0291

Submit with your application:

- ✓ Proof of income: 2 most-recent paycheck stubs and a copy of your most-recent Federal 1040 for everyone who lives in the home. If there is more than one unit, such as a duplex, provide proof of income for everyone living in the owner-occupied unit.
- ✓ Proof of Insurance
- ✓ A color or black & white photo of the front of the home.

Please complete both sides of the application.

APPLICANT AND CO-APPLICANT INFORMATION

Applicant's name _____ Date of Birth _____
Social Security no. _____ Home phone _____ Cell phone _____
E-mail address _____
Applicant's address _____ Zip _____ No. of years _____
Co-applicant's name _____ Date of birth _____
Social Security no. _____ Home phone _____ Cell phone _____
Co-applicant's address _____ Zip _____ No. of years _____
Are you (check one) ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed
Indicate your primary language: ☐ English ☐ Spanish ☐ Hmong ☐ Other: _____
Do you require a translator? ☐ Yes ☐ No If yes, translator's Name _____ Phone: _____

Yes No

☐ ☐ Have you ever gone through bankruptcy? If yes, year: _____
☐ ☐ Have you had other legal action against you? If yes, year _____ Type of action _____
☐ ☐ Are you current with your utility bills? If no, number of months behind: _____

FUNDS ON DEPOSIT: (attach additional sheets if necessary)

Bank Name _____ Bank Address: _____

Amounts in: Checking account: \$ _____ Savings \$ _____ Other \$ _____

FINANCIAL OBLIGATIONS: 1st and 2nd mortgages, automobile loans, credit cards, etc. (attach additional sheets if necessary)

To Whom Owed	Address	Current Balance	Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

PROPERTY THAT WILL BE REHABILITATED

Ownership in name of: _____ Number of units: _____
Homeowner's insurance company: _____ Policy Number: _____
Agent name: _____ Agent Address _____ Agent phone _____

Describe the repairs you would like to make: _____

APPLICANT INCOME

Employer _____ Position _____
 Address _____ How long _____
 Yearly salary \$ _____ Or monthly salary \$ _____ Work phone _____
 Previous employer _____ How long _____
 Other income \$ _____ per month Source _____

CO-APPLICANT INCOME

Employer _____ Position _____
 Address _____ How long _____
 Yearly salary \$ _____ Or monthly salary \$ _____ Work phone _____
 Previous employer _____ How long _____
 Other income \$ _____ per month Source _____

HOUSEHOLD INFORMATION & INCOME

List other people who live in the house (but not yourself or co-applicant.) List all wages, W2, Social Security, SSI, pensions, rents etc.

NAME	AGE	RELATIONSHIP	SOCIAL SECURITY NO.	SOURCE OF INCOME	MONTHLY AMOUNT
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

Yes No

- ☐ ☐ Are you an employee of the City of Milwaukee, the Department of City Development (DCD), or one of its affiliate agencies?
☐ ☐ Are you married to an employee of the City of Milwaukee including DCD or one of its affiliate agencies?
☐ ☐ Are you the brother, sister, parent or child of an employee of the City of Milwaukee, DCD or one of its affiliate agencies?
 If the answer is "yes" to any of these questions, please explain:

I certify that the information provided herein is true and complete. I authorize DCD and NIDC to review this application, and to request, receive, and share information with lenders, the above-named translator, and others to verify its accuracy and completeness. I understand that my project is funded with federal funds administered through the Community Development Grant Administration office (CDGA) and CDGA may review this information to verify its accuracy for compliance purposes. By signing this application, you are authorizing the Department of City Development (DCD) to pull a credit report.

Applicant Signature**Date****Co-Applicant Signature****Date**

The following information is requested by the Federal Government in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of the information, nor on whether you choose to furnish it. However, if you choose to not furnish it, under Federal regulations this lender is required to note race and sex on the basis of visual observation or surname.

Applicant: I do not wish to furnish this information _____(Initials) Co-applicant: I do not wish to furnish this information _____(Initials)

APPLICANT

- ☐ Black/African-American
☐ Hispanic
☐ White
☐ Asian
☐ Black/African-American & white
☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander
☐ American Indian/Alaska Native & white
☐ American Indian/Alaska Native & Black/African-American
☐ Asian & white
☐ Other/ multi-racial

CO-APPLICANT

- ☐ Black/African-American
☐ Hispanic
☐ White
☐ Asian
☐ Black/African-American & white
☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander
☐ American Indian/Alaska Native & white
☐ American Indian/Alaska Native & Black/African-American
☐ Asian & white
☐ Other/ multi-racial